

# Department of Health Employment Opportunity



Rev. 2/5/15

Human Resources Office – Recruitment & Examination ♦ 1250 Punchbowl Street, Room 122 ♦ Honolulu, Hawaii 96813

**OPENING DATE:** December 21, 2015

**LAST DAY TO FILE APPLICATIONS:** Continuous Until Needs Are Met

## **PROGRAM SPECIALIST (SUBSTANCE ABUSE) IV**

\$4,088-\$4,786 per month (SR-22, effective 1/1/16)

Commensurate with training and experience

**Recruitment No. 15X005**

Ewa, Oahu

- ◆ **JOB DUTIES:** The position is responsible for carrying out the operations of the Treatment and Recovery Branch. The primary function is to coordinate, develop, including contracting with service providers, monitoring and evaluation of the Branch's programs, services and initiatives in accordance with established Federal and State rules and regulations.
- ◆ **MINIMUM QUALIFICATION REQUIREMENTS:** To qualify, you must meet **all** of the following requirements. Please note that unless specifically indicated, the required education and experience may not be gained concurrently. In addition, qualifying work experience is credited based on a 40-hour workweek.
  1. **Education Requirement:** Graduation from an accredited four (4) year college or university with a bachelor's degree in sociology, social work, psychology, public health or other related major.
  2. **General Experience Requirement:** One and one-half (1-1/2) years of progressively responsible experience in social work, public health or other related fields which required knowledge of current social and economic conditions, community organizations and the services and/or programs they offer to the community relative to alcohol and drugs, the prevention of substance abuse and the treatment and rehabilitation of substance abusers.

One (1) year of specialized progressively responsible experience which demonstrated the ability to conduct studies and analyses of programs or projects through active participation in the planning, coordination, development and/or evaluation of programs and/or programs' activities relative to alcohol and drugs, the prevention of substance abuse and the treatment and rehabilitation of substance abusers.
  3. **License:** Possession of a valid license to operate a motor vehicle in the State of Hawaii is preferred.
  4. **Substitution of Education for Experience:**
    - a. A master's degree or successful completion of thirty (30) graduate semester credit hours or its equivalent in sociology, social work, psychology, public health or other related field from an accredited college or university may be substituted for one (1) year of Specialized Experience.
    - b. Successful completion of all requirements for a Ph.D., in the above described fields from an accredited college or university may be substituted for two (2) years of the Specialized Experience requirement.

**For additional information please call Wendy Nihoa (808) 692-7522.**

**An Equal Opportunity Employer**

## HOW TO FILE:

Submit applications and all required documentation in person or by postal mail to:

Department of Health  
Human Resources Office – Recruitment & Examination  
1250 Punchbowl Street, Room 122  
Honolulu, Hawaii 96813

File applications immediately. Mailed applications and supplemental materials must be postmarked by midnight of the last day to file applications. For continuous recruitments, the last day to file applications will be posted in our office.

**REQUIRED FORMS AND DOCUMENTATION:** You must submit the following forms and documentation **together with your application** or your application may be rejected:

1. Evidence of the appropriate training (official transcript or diploma to verify coursework or major) to be given credit for education. A legible photocopy will be accepted; however, the Department of Health reserves the right to request an official copy of your transcript.
2. Copy of any license or registration required to qualify you for the position.

**QUALITY OF EXPERIENCE:** Your possession of the required amount of experience will not in itself be accepted as proof of qualification for the position. Overall paid or unpaid experience must be of such scope and responsibility as to conclusively demonstrate that you have the ability to perform the duties of the position. Provide a detailed description of your duties and responsibilities. If you worked on a part-time basis, indicate your average number of hours worked per week.

We will not withhold the referral of names of eligibles for employment consideration because of your failure to provide accurate and complete information concerning your qualifications.

**MERIT CIVIL SERVICE SYSTEM:** You must meet the minimum qualification requirements of the position being sought, including all education, experience, and other public employment requirements for State Civil Service employment.

The names of applicants will be referred based on their examination grade and availability for employment. The employing agency may select **any one** of the eligibles referred. The names of those not selected will be kept on an eligible list for no less than the period indicated on the eligible's notice of examination results.

**CITIZENSHIP REQUIREMENT:** You must be a citizen, permanent resident alien, or national of the United States; however, if you are a non-citizen with unrestricted employment authorization from the U.S. Immigration & Naturalization Service, you may also apply.

**RESIDENCE REQUIREMENT:** Effective July 1, 2007, persons who are non-residents of the State of Hawaii will have thirty (30) days from the date they begin their State employment to become Hawaii residents. While an employee of the State of Hawaii, they must maintain their Hawaii residency.

**VETERANS' PREFERENCE:** If you are claiming 5 Veterans' Preference Points, submit a copy of the DD214 (Member 4) verifying dates of honorable service. If you are claiming 10 Points, submit a copy of an official statement/letter from the Department of Veterans Affairs or armed services dated within the past 12 months which confirms your qualification to receive 10 points preference.

**PHYSICAL/MEDICAL REQUIREMENTS:** Applicants must be able to perform the essential duties and responsibilities of the position effectively and safely. Qualified applicants with disabilities who can perform the essential functions of the advertised position are encouraged to apply. The State of Hawaii is committed to making reasonable accommodations on a case-by-case basis. Applicants seeking reasonable accommodations should be ready to discuss the accommodation sought so that a determination can be made that such accommodation is reasonable and would not cause the employer undue hardship.

**PRE-EMPLOYMENT PHYSICAL EXAMINATION REQUIREMENT:** Offers of employment are conditional upon the results of a complete physical examination. For certain job categories, applicants may be referred to a State-designated physician, rather than the applicant's personal physician of choice. The cost for all physical examinations shall be borne by the applicant and not the State of Hawaii.

**CRIMINAL HISTORY RECORD CHECK:** Individuals who are recommended for hire are required to undergo a criminal history record clearance and other checks, as applicable.

**EXAMINATION:** The examination for this recruitment will be conducted on an unassembled basis where the examination score is based on an evaluation and rating of your education and experience. It is therefore important that your employment application provide a clear and detailed description of the duties and responsibilities of each position you held. If you are required to report for a written, oral and/or performance test, you will be notified at a later date of the time and place of the examination.

If you must take an examination but require special accommodation, please call the Recruitment and Examination office at 586-4514 as soon as possible. We will design a fair and effective way in which you can demonstrate your ability to perform the essential functions of this job. You should be prepared to provide medical proof of your need for accommodation by a professional who is qualified to make a diagnosis.

**NOTIFICATION:** You will be notified, in writing, of your employment eligibility.

## ADMINISTRATIVE REVIEW AND APPEAL:

**Administrative Review:** If you do not agree with the action taken on your application, you must first request an administrative review with the Department of Health. Requests must be made, in writing, to the Department of Health at the address listed above, and received or postmarked within 7 working days following the date of our notice. Requests must include 1) the job title(s), recruitment number(s), and the specific reason(s) you are requesting the review, and 2) any additional information you want to submit to substantiate your request. **If you do not submit your request within the seven day limit, no administrative review will be conducted.**

**Appeal:** If you do not agree with the action resulting from the administrative review, you may appeal to the Merit Appeals Board within 20 days following the date of our notice. Further information on filing an appeal is available at <http://hawaii.gov/hrd/main/ecd/mab>.

**An administrative review, or in some cases an internal complaint, must have been completed before an appeal may be requested.** (If an internal complaint is required prior to an appeal, you will be notified following completion of the administrative review.)

A change in rating will not affect the employment consideration of referred applicants or an applicant's appointment.

**EMPLOYMENT INTERVIEW:** Please take a copy of your State application and/or resume to employment interviews. We suggest you make a copy of your application before turning in the original.



# STATE OF HAWAII APPLICATION FOR CIVIL SERVICE POSITIONS

## DEPARTMENT OF HEALTH

Human Resources Office – Recruitment & Examination  
1250 Punchbowl Street, Room 122, Honolulu, Hawaii 96813

### GENERAL INSTRUCTIONS: Please type or print legibly in blue or black ink.

The information you provide will be used to determine whether you qualify for the job(s), for which you are applying.

- Your entire application and attachments (if any) must be received only at the Personnel Office above.
- Before applying, read the position requirements described in the **Announcement** carefully to determine if you qualify for the position.
- Any additional required forms described in the **Announcement** can be obtained from this office.
- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, addresses, telephone numbers or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1 and 2 will not be released to persons involved in the appointment process.

*The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.*

#### 1. CITIZENSHIP STATUS.

The State of Hawai'i requires that all persons seeking employment with the government of the State shall be citizens, nationals, or permanent resident aliens of the United States, or eligible under federal law for unrestricted employment in the United States.

☐ I acknowledge I have read and understood the above information.

#### 2. UNITED STATES MILITARY SERVICE/ VETERAN'S PREFERENCE

Note: Veteran's Preference is only applicable for open-competitive recruitments.

If you are claiming Veteran's Preference, please scan and attach a copy of your DD-214 form and/or official statement from the Veterans Administration or armed forces to your application.

- ☐ None
- ☐ I am claiming 5 Veteran's Preference points and will submit a copy of my DD-214.
- ☐ I am claiming 10 Veteran's Preference points and will submit a copy of my DD-214 and/or official statement from the Veterans Administration (VA), as applicable.

If you are claiming U.S. Military Service, please complete the following:

A. Date Entered Service: \_\_\_\_\_

B. Date Separated From Service: \_\_\_\_\_

Program Specialist  
(Substance Abuse) IV

3. \_\_\_\_\_  
POSITION TITLE APPLYING FOR

4. 15X005  
RECRUITMENT NUMBER

5. NAME: \_\_\_\_\_  
Last First Middle

6. OTHER  
NAMES USED  
OR FORMER  
LAST NAME: \_\_\_\_\_

7. MAILING  
ADDRESS: \_\_\_\_\_  
P.O. Box or Number and Street

City State Zip Code

8. PHONE  
NUMBER: \_\_\_\_\_  
Home Other

#### 9. CERTIFICATE OF APPLICANT

I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Original Signature of Applicant

# STATE OF HAWAII APPLICATION FOR CIVIL SERVICE POSITIONS

*The information on pages 1 and 2 will not be released to persons involved in the appointment process.*

Information requested in items 10 through 19 is needed to make determinations on your suitability for employment. Dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment.

## 10. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment?.....☐ YES.....☐ NO

B) Separated from military service under conditions other than honorable? .....☐ YES.....☐ NO

(If you answer "Yes" to question 10A or 10B, please explain in detail in item #11 below, the dates and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

11. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 12. WITHIN THE PAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF ANY OFFENSE RELATED TO CONTROLLED SUBSTANCES? .....

☐ YES.....☐ NO

(If you answer "Yes" to the above question, please explain in detail in item #13 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

13. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 14. HAVE YOU EVER BEEN CONVICTED OF ANY ACT, ATTEMPT OR CONSPIRACY TO OVERTHROW THE STATE OR FEDERAL GOVERNMENT BY FORCE OR VIOLENCE? .....

☐ YES.....☐ NO

(If you answer "Yes" to the above question, please explain in detail in item #15 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

15. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 16. SUSPENSION OR REVOCATION OF LICENSE

Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? .....

☐ YES.....☐ NO

(If you answer "Yes," please explain in detail in item #17 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

17. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 18. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program or are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawai'i? .....

☐ YES.....☐ NO

(If you answer "Yes," to question 18, please explain in detail in item #19 below, the reason and date of your settlement or restriction from applying with the State of Hawai'i.)

19. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATE OF HAWAII DEPARTMENT OF HEALTH**  
**Application For Civil Service Positions**  
**EDUCATION AND EMPLOYMENT HISTORY**

1. POSITION TITLE APPLYING FOR: Program Specialist (Substance Abuse) IV

2. RECRUITMENT NUMBER APPLYING FOR: 15X005

The information you provide will be used to determine whether you meet the minimum qualification requirements in the Class Specifications. As required by federal and/or state laws, we do not discriminate on the basis of age, sex (including gender identity or expression), religion, race, color, ancestry, national origin, disability, marital status, veteran's status, sexual orientation, arrest and court record, citizenship, genetic information or any other protected characteristic. The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

3. NAME: \_\_\_\_\_

Last

First

Middle

4. OTHER NAMES  
USED OR FORMER

LAST NAME: \_\_\_\_\_

5. E-MAIL

ADDRESS: \_\_\_\_\_

6. MAILING

ADDRESS: \_\_\_\_\_

P.O. Box

or

Number and Street

City

State

Zip Code

7. PHONE NO.: \_\_\_\_\_

Home

Other

**8. EDUCATION HISTORY:** When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position(s) for which you are applying. The information you submit on this form may be verified.

**DO NOT  
WRITE  
IN THIS  
SPACE**

A. NAME AND LOCATION (city and state) of last grade school attended: (elementary, intermediate or high school)

(School name/type)

(City/State/Country)

Did you graduate? ☐ Yes ☐ No If no, what grade level did you complete? \_\_\_\_\_

Did you receive a GED? ☐ Yes ☐ No

B. TRAINING: In-service training, business, trade, armed forces, college or university, graduate of professional schools.

NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received
		Semester	Quarter	

**9. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS**

A. DRIVER'S LICENSE: ☐ Yes, I have a valid driver's license or I am able to obtain a valid driver's license by the time of appointment.

☐ No, I do not have a driver's license and/or I am not interested in being considered for positions which require a driver's license.

B. OTHER LICENSES OR CERTIFICATES: Please indicate the kind, registration number, and the State or other licensing authority. *If proof of evidence is required, please submit a photocopy or present for verification.*

C. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH: List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

LANGUAGE	SPEAK	READ	WRITE

D. SPECIAL QUALIFICATIONS: Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

**STATE OF HAWAII DEPARTMENT OF HEALTH**  
**Application For Civil Service Positions**  
**EDUCATION AND EMPLOYMENT HISTORY**

**10. EXPERIENCE:** Please type or print legibly in blue or black ink. Begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled "Experience" and attach it to this form. Information you submit on this form may be verified.

Please complete this section even if you are attaching a resume or other documents.

<b>Your Present or Last Position</b>	Employer _____ Address _____  Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____  _____  _____  _____  Do you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____  _____  May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____  Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____  _____  _____  _____  Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____  _____  May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____  Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____  _____  _____  _____  Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____  _____  May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____  Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____  _____  _____  _____  Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____  _____  May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name \_\_\_\_\_  
Vacancy Number 15X005  
Position Number 26644  
Page 1 of 3

**PROGRAM SPECIALIST IV (SUBSTANCE ABUSE) (SR-22) - Supplemental Questionnaire**

- \* 1. **REQUIRED SUPPLEMENTAL QUESTIONS.** The information provided on this supplemental questionnaire form will be used in combination with your application to determine whether you meet the qualification requirements. Failure to provide detailed and complete information may result in your application being rejected. PLEASE DO NOT SUBMIT A RESUME IN PLACE OF COMPLETING THIS SUPPLEMENTAL QUESTIONNAIRE. YOUR APPLICATION WILL NOT BE ACCEPTED. In general, proof of education obtained from and/or submitted through the internet will not be accepted. Education obtained outside the United States must be comparable to education earned at an accredited school in the United States. We also reserve the right to request further information about your academic program, evidence of comparability, or an original transcript. Any information you submit may be verified. Supporting documents must be submitted at the time of the filing of your application.

To receive credit for substitute, on call or volunteer experience, applicants should submit an official letter of verification on agency letterhead. The letter should include the job title, employment dates, number of hours worked, a description of the duties performed, and a contact name and phone number. To receive credit for temporary assignment, you must submit your **approved** Form 10 (**approved** by your supervisor and the Human Resources Officer) to our office at the filing of your application.

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When applying for this position, I understand that I must thoroughly complete the "Education" and "Work Experience" sections on my application and the "Supplemental Questionnaire." This includes a detailed description of each position that I feel qualifies me for this job with the State of Hawaii. I have read the above statement and understand that failure to provide sufficient detailed information may result in my application being rejected. I also understand that I may not submit resumes in lieu of filling out the application or supplement questionnaire; however, I may attach it to the application to provide additional information.

☐ I acknowledge I have read the above statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* 2. **EDUCATION**

I meet one of the following education/experience requirements. Provide verification of degree (i.e., official transcripts, diploma), identified by job title and IVA number at the filing of your application.

- ☐ I have a bachelor's degree from an accredited college or university in sociology, social work, psychology, public health or related major.
- ☐ I have four years of administrative, professional, technical, or other responsible work experience which required a high degree of analytical work experience which provided knowledge, skills and abilities comparable to a baccalaureate degree in one of the major areas specified above.
- ☐ I possess a master's degree or successful completion of thirty (30) graduate semester credits or its equivalency in sociology, social work, psychology, public health or related major.
- ☐ I possess a Ph.D. from an accredited university in sociology, social work, psychology, public health or related major.
- ☐ I have none of the above.

**PROGRAM SPECIALIST IV (SUBSTANCE ABUSE) (SR-22)**  
**Supplemental Questionnaire cont'd**

**\* 3. GENERAL EXPERIENCE REQUIREMENT**

Do you have ONE AND ONE-HALF years of progressively responsible work experience in social work, public health or other related fields which required knowledge of current social and economic conditions, community organizations and the services and/or programs they offer to the community relative to alcohol and drugs, the prevention of substance abuse and the treatment and rehabilitation of substance abusers. If yes, indicate:

**A)** Name(s) of employer(s);

**B)** Complete dates of employment (from and to; MONTH and year);

**C)** Average number of hours worked per week performing these duties and responsibilities;

**D)** Description of your duties that demonstrate your knowledge and abilities. Include in the description of your duties your knowledge or ability in the following:

- 1.** Your knowledge of State and federal laws, rules and regulations concerning alcohol and drugs;
- 2.** Your knowledge of the prevention, treatment and rehabilitation of substance abusers and the community resources and services relating to substance abuse;
- 3.** Your knowledge of research and statistical methods;
- 4.** Your ability to establish and maintain good working relationships with different groups of people (e.g., professionals, lay-persons, general public, etc.);
- 5.** Your ability to identify and analyze operational problems and recommend alternatives or solutions;
- 6.** Your ability to work effectively with individuals, private organizations, State and local agencies in a coordinated effort to achieve program goals;
- 7.** Your ability to interpret and apply moderate to difficult rules and regulations;
- 8.** Your ability to analyze information and recommend practical solutions to problems.

Name \_\_\_\_\_  
Vacancy Number 15X005  
Position Number 26644  
Page 3 of 3

**PROGRAM SPECIALIST IV (SUBSTANCE ABUSE) (SR-22)**  
**Supplemental Questionnaire cont'd**

**\* 4. SPECIALIZED EXPERIENCE REQUIREMENT**

Do you have ONE year of progressively responsible experience which demonstrated the ability to conduct studies and analyses of programs or projects through active participation in the planning, coordination, development and/or evaluation of programs and/or program activities relative to alcohol and drugs; the prevention of substance abuse and the treatment and rehabilitation of substance abusers. If yes, indicate:

A) Name(s) of employer(s);

B) complete dates of employment (from and to; MONTH and year);

C) the average number of hours worked per week performing these duties and responsibilities; and

D) Description of your duties that demonstrate your knowledge and abilities. Include in your description of your duties and your knowledge or ability in the following:

1. What kinds of studies and analyses of programs or projects did you conduct? Did you actively participate in the planning, coordination, development and/or evaluation of these programs relative to alcohol and drugs. Give examples.

2. What kinds of programs did you develop or participate in to help in the prevention of substance abuse? What kinds of treatment and rehabilitation programs did you develop or participate in?

3. Did you participate in interviews of agencies' staff, facilities inspections, reviews of client's files, review of various data from agencies' reports on clients; staff and activities? Did you prepare appropriate reports evaluating these activities?

5. **ADDITIONAL INFORMATION.** Do you have any other information related to this position that you would like us to consider? If no, so state. If yes, please provide the information on a hard copy paper addendum submitted to our office and identified by job title and IVA number at the filing of your application.

\* 6. Supporting documents such as transcripts, driver's license, or professional licensure as described in the job posting must be submitted at the filing of your application.

**\* Required Question**

Mail or drop off Application, Supplemental Questionnaire and Additional Information to:

Department of Health  
Human Resources Office  
Recruitment & Examinations  
1250 Punchbowl Street, Room 122  
Honolulu, Hawaii 96813

# EMPLOYMENT AVAILABILITY INFORMATION

State of Hawaii, Department of Health, Human Resources Office – Recruitment & Examination  
1250 Punchbowl Street, Room 122, Honolulu, Hawaii 96813

**CONFIDENTIAL**

390 (DOH Ext), rev. 7/10

1. Name: \_\_\_\_\_  
Last First M.I.

2. Social Security Number: XXX-XX-\_\_ \_\_ \_\_

		DOH Use Only				
3. Recruitment No.	Job Title	Acc	Rej	Code(s)	VP	Date
15X005	Program Specialist (SA) IV					

4. I will consider jobs in the locations checked below:

## OAHU

- ☐ **Ewa** (Includes Makakilo, Kapolei, Barber's Point, Ewa Beach)  
☐ **Waipahu to Aiea** (Includes Waikele, Waipio, Pearl City)  
☐ **Halawa to Kalihi** (Includes Aliamanu, Airport, Salt Lake, Moanalua, Mapunapuna, Kapalama, Palama, Sand Island, Iwilei)  
☐ **Downtown** (Includes Nuuanu, Pauoa, Makiki-Kapiolani, Ala Moana)  
☐ **Manoa to Kahala** (Includes Moiliili, McCully, Waikiki, Kapahulu, Kaimuki, Palolo, Waialae to Wailupe)  
☐ **Aina Haina to Hawaii Kai**  
☐ **Waimanalo to Kailua**  
☐ **Kaneohe to Kualoa** (Includes Kahaluu, Waiahole, Waikane)  
☐ **Kaaawa to Kahuku** (Includes Punaluu, Hauula, Laie, Kahuku)  
☐ **North Shore** (Includes Sunset Beach, Waimea, Haleiwa, Waialua, Mokuleia)  
☐ **Wahiawa/ Kunia/ Mililani**  
☐ **Waianae Coast** (Includes Maili, Nanakuli, Waianae, Makaha)

## HAWAII

- ☐ **Hilo** (Includes Papaikou, Pepekeo, Honomu, Hakalau, Ninole, Papaaloa, Laupahoehoe)  
☐ **Honokaa / Hamakua** (Including Ookala, Paauilo, Paauhau, Haina, Kukuihaele)  
☐ **Kamuela / Kohala / Waikoloa** (Includes Halaula, Papaau, Hawi, Kawaihae)  
☐ **Kona** (Includes Keahole, Kailua-Kona, Holualoa, Keauhou, Kealahakua, Captain Cook, Honaunau)  
☐ **Ka'u** (Includes Ocean View, Naalehu, Pahala)  
☐ **Puna** (Includes Hawaii Volcanoes Nat'l Park, Volcano, Kurtistown, Mountain View, Keaau, Pahoa, Kapoho)

## MAUI

- ☐ **Wailuku/ Kahului** (Includes Puunene, Paukukalo, Waiehu, Waihee)  
☐ **Lahaina**  
☐ **Maalea/ Kihei/ Wailea**  
☐ **Hana**  
☐ **Makawao** (Includes Pukalani, Paia, Haiku, Haliimaile)  
☐ **Kula**

## KAUAI

- ☐ **Lihue** (Includes Hanamaulu)  
☐ **Kapaa** (Includes Wailua, Kealia, Anahola)  
☐ **Hanalei** (Includes Kilauea, Princeville, Haena)  
☐ **Waimea** (Includes Kokee, Kekaha, Kaumakani, Hanapepe, Elelee, Port Allen, Kalaeo)  
☐ **Koloa** (Includes Lawai, Omao)

## LANAI

- ☐ **Lanai City**

## MOLOKAI

- ☐ **Kaunakakai** (Includes Maunaloa, Hoolehua, Kualapuu)  
☐ **Kalaupapa**

5. I will accept a job which is: ☐ Permanent ☐ Full-time ☐ At a lower rate of pay  
☐ Temporary ☐ Part-time

6. I would like to be considered for jobs which require driving: ☐ Yes (attach a copy of your valid driver's license)  
☐ No

7. How did you hear about this recruitment? ☐ Local newspaper ☐ Department of Human Resources Development website  
☐ Department of Health website ☐ Word of mouth  
☐ Other (specify) \_\_\_\_\_

Note: If you wish to change your availability at a later date, you may do so by completing and submitting a new form to the above address.

**DEPARTMENT OF HEALTH  
APPLICANT DATA SURVEY**

DOH ADS (Rev. 11/16/11)

In order to meet the requirements as set forth in Federal guidelines, we request your cooperation and assistance in completing the following questions. Participation in the survey is confidential and voluntary. The data will be used for reporting and personnel research purposes only. It will not be released to any hiring program for the purpose of selecting job applicants.

1. Applicant Name:

Last Name	First Name
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  2. Recruitment Information:

Recruitment Number	Job Title
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  3. Age
    - ☐ Under 20
    - ☐ 20 - 24
    - ☐ 25 - 29
    - ☐ 30 - 39
    - ☐ 40 - 49
    - ☐ 50 and over
  
  4. Gender
    - ☐ Male      ☐ Female
  
  5. Ethnic Background Categories  
 Review all categories listed below, and choose the one which you believe best represents your ethnic background.
    - ☐ Black
    - ☐ Chinese
    - ☐ Filipino
    - ☐ Hawaiian
    - ☐ Part-Hawaiian
    - ☐ Japanese
    - ☐ Korean
    - ☐ Puerto Rican
    - ☐ Samoan
    - ☐ White - Includes persons of Indo-European descent, including Pakistani and East Indian, and persons of Spanish or Latin descent (excluding Filipino or Puerto Rican)
    - ☐ Mixed (other than Part-Hawaiian)
    - ☐ Others or Unknown